

Director's Signature: CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: June 12, 2010

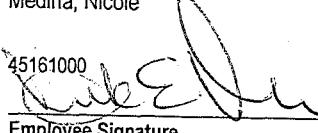
Employee Name:		Sunday 06/06/10	Monday 06/07/10		Tuesday 06/08/10		Wednesday 06/09/10		Thursday 06/10/10		Friday 06/11/10		Saturday 06/12/10	
Corbett, Kate 45161000 <i>Kate Corbett</i> Employee Signature	Day: In - Out		1:55	2:55	1:45	2:45	1:50	2:50	1:45	2:45	1:50	2:50		
	Lunch: Out - In		12 ⁰⁰	12 ³⁰	12 ⁰⁰	12 ³⁰	12 ⁰⁰	12 ³⁰	12 ⁰⁰	12 ³⁰	12 ⁰⁰	12 ³⁰		
	Outside Duty: From - To													
Document exceptions or comments, indicate type and amount.														
Desjardins, Stacey 8100-9745 <i>Stacey Desjardins</i> Employee Signature	Day: In - Out		8:30	4:30	7:45	3:45	8:10	4:10	8:25	4:25	7:50	12:50		
	Lunch: Out - In		12 ⁰⁰	12 ³⁰	12 ⁰⁰	12 ³⁰	12 ⁰⁰	12 ³⁰	12 ⁰⁰	12 ³⁰	12 ⁰⁰	12 ³⁰		
	Outside Duty: From - To													
Document exceptions or comments, indicate type and amount.														
Dookhan, Annie 45161000 <i>Annie Dookhan</i> Employee Signature	Day: In - Out		6:45	4:20	6:45	4:30	6:45	3:50	6:45	3:10	6:45	4:20		
	Lunch: Out - In		12 ⁰⁰	12 ³⁰	12 ⁰⁰	12 ³⁰	12 ⁰⁰	12 ³⁰	12 ⁰⁰	12 ³⁰	12 ⁰⁰	12 ³⁰		
	Outside Duty: From - To				10 ³⁰	2:00				8:45	11:00			
Document exceptions or comments, indicate type and amount.														
Frasca, Daniela 45161000 <i>Daniela Frasca</i> Employee Signature	Day: In - Out		6:45	2:45	7:30	4:30	7:00	1:00	6:45	2:45	6:45	5:45		
	Lunch: Out - In		11:00	1:40	1:05	1:35			105	1:35	12:30	1:00		
	Outside Duty: From - To													
Document exceptions or comments, indicate type and amount.														

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Glazer, Lisa 45161000 	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	
	Lunch: Out - In		12:00 12:30	1:00 1:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To			5:15 11:00	12:45			
Document exceptions or comments, indicate type and amount.								
Lawler, Michael 45161000 	Day: In - Out		7:50 6:20	8:15 5:20	8:00 10:45	7:55 3:55	7:45 6:45	7:00 5:30
	Lunch: Out - In		12:50 2:50	1:50 1:20		12:55 1:25	1:10 2:40	1:25 1:20
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
Medina, Nicole 45161000 	Day: In - Out		7:35 12:35	7:40 3:40	7:45 3:45	8:05 3:35	7:50 3:20	
	Lunch: Out - In			12 12:30	12 12:30	12 12:30	12 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
O'Brien, Elisabeth 45161000 	Day: In - Out		7:40 1:45	7:45 2:45	7:45 5:15	7:55 1:55	7:50 1:30	
	Lunch: Out - In		12:30	11:30 12:00	11:30 12:00			
	Outside Duty: From - To		9:15 1:40					
Document exceptions or comments, indicate type and amount.								

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Philips, Gloria 45161000	Day: In - Out																
	Lunch: Out - In																
	Outside Duty: From - To																
Employee Signature				CMT 7.5 ✓		SIC 2.5 ✓		CMT 7.5 ✓		SIC 7.5 ✓		SIC 7.5 ✓					
Document exceptions or comments, indicate type and amount.				715	615	705	310			725	130	715	315	645	515		
Piro, Peter 45161000	Day: In - Out			12	1230	1240	110							1245	115	1230	100
	Lunch: Out - In																
	Outside Duty: From - To																
Employee Signature				01						VAC 7.5 ✓		VAC	1.5 hr ✓	07	10.00		
Document exceptions or comments, indicate type and amount.				3.0 ✓													
Renczkowski, Daniel 45461000	Day: In - Out			645	245	645	245	700	300	1045	245						
	Lunch: Out - In			1200	1230	1200	1230	1200	1230	1200	1230						
	Outside Duty: From - To											845	1100				
Employee Signature										BMC		7.5 hr	VAC ✓				
Document exceptions or comments, indicate type and amount.																	
Saunders, Della 45161000	Day: In - Out			6:45	3:30	6:45	3:30	6:45	3:30	6:45	3:30	6:45	9:45	6:45	2:50		
	Lunch: Out - In			1:30	2:00	1:30	1:50	1:30	2:00	1:15	1:45			1:30	2:00		
	Outside Duty: From - To																
Employee Signature																	
Document exceptions or comments, indicate type and amount.				OT 0.75hr ✓		OT 0.75hr ✓		OT 0.75hr ✓		OT 0.75hr ✓		VAC 4.5		OT 7.5 ✓			

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William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 6/12/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: C. Dalem Date: 6/10/10

Department Head: Steve Davis Date: 6/10/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Peter Piero	138624	10.0 hrs			
Della Saunders	147387	7.5 hrs			
Zhi Tan	148724	9.5 hrs			
Michael Lantese	130459	10.0 hrs			